| REQUEST FOR QUOTATION                            |   |                                   | THIS RFQ X IS IS NOT A SMALL BU     |   |  |  |                |                          |  | PAGE                  | E OF | PAGES                |  |
|--|---|-----------------------------------|-------------------------------------|---|--|--|----------------|--------------------------|--|-----------------------|------|----------------------|--|
|  | IS IS NOT AN ORDER)   |                                   |                                     |   |  |  |                | OLI AGI                  |  | 1                     | _    | 2                    |  |
| 1. REQUEST NO.<br>AG-4756-                       | S-14-0010   |                                   | 2. DATE ISSUED<br>01/28/20          |   | equisition/purchas<br>7026   | E REQUEST NO                           | Э.             |                          | 4. CERT. FOR N<br>UNDER BDS/<br>AND/OR DMS | A REG. 2              |      | RATING               |  |
| 5a. ISSUED BY                                    | USDA FOREST SERV<br>CHEROKEE NATIONA  |                                   |                                     |   |  |  |                | 1 <b>VERY B</b><br>128/2 |  |                       |      |                      |  |
|  | 2800 NORTH OCOEE<br>CLEVELAND TN 373  | STREET                            |                                     |   |  |  | 7. DEL         | 1                        | ESTINATION                                 |                       |      | OTHER<br>e Schedule) |  |
|  |   |                                   |                                     |   |  |  |                | '                        | 9. DESTINA                                 | ATION                 |      | <u> </u>             |  |
|  |   |                                   |                                     |   |  |  | a. NAM<br>USD. |                          | NSIGNEE<br>OREST SI                        | ERVT                  | CE   |                      |  |
| <br>NAME   | 5b. FOR   | INFORMATION CA                    | ALL: (No collect ca                 |   |  |  |                |                          | ADDRESS                                    |                       |      |                      |  |
|  | ED.   |                                   | AREA CODE                           | NUMBER  |  |  | 1              |                          | ANGER D                                    | TSTR                  | тст  |                      |  |
| JANE ADLI  | LK  | 8. TO:                            | 423                                 | 476-97  | 700  |  |                |                          | Y 64                                       | 1011                  |      |                      |  |
| a. NAME  |   | b. COMP                           | ANY                                 |   |  |  | i              |                          |  |                       |      |                      |  |
|  |   |                                   |                                     |   |  |  |                |                          |  |                       |      |                      |  |
| c. STREET ADDRE                                  | ESS   |                                   |                                     |   |  |  | c. CITY        | •                        |  |                       |      |                      |  |
|  |   |                                   |                                     |   |  |  | BEN            | TON                      |  |                       |      |                      |  |
| d. CITY  |   |                                   | e. STATE                            | f. ZIP CODE   | d. ST  |  |                | TE                       | e. ZIP CODE<br>37307-9753                  |                       |      |                      |  |
| THE ISSUING OR BEFORE C                          | IISH QUOTATIONS TO OFFICE IN BLOCK 5a ON CLOSE OF BUSINESS (Date)  14 1600 ES         | indicate<br>incurred<br>origin ur | on this form and in the preparation | return it to the a<br>n of the submiss<br>dicated by quot | nation, and quotations funderess in Block 5a. This sion of this quotation or er. Any representations | s request does n<br>to contract for su | ot commi       | it the Gov               | vernment to pay a                          | any costs<br>domestic |      |                      |  |
|  | L   |                                   | 11. SCH                             | EDULE (Include  | e applicable Federal, Sta  | ate and local tax                      | es)            |                          |  |                       |      |                      |  |
| ITEM NO.<br>(a)                                  |   | SUPPLIES/S                        |                                     |   |  | QUANTITY<br>(c)                        | UNIT<br>(d)    |                          | UNIT PRICE<br>(e)                          |                       |      | AMOUNT<br>(f)        |  |
|  | Perform Soil, Water Rehabilitation, Assume Tax ID#:  DUNS#:  Registered in SAM        | s-Needed,                         | Ocoee :                             | Ranger  |  |  |                |                          |  |                       |      |                      |  |
|  | Soil & Water Wild: Product/Service Co Product/Service Do RESOURCES/CONSERVA Continued | ode: F00<br>escriptio             | )6<br>on: NATU                      | RAL   |  |  |                |                          |  |                       |      |                      |  |
| 12. DISCOUN                                      | T FOR PROMPT PAYMENT  | a. 1                              | 0 CALENDAR DA                       | YS (%)  | b. 20 CALENDAR DAY   | 'S (%) c.                              | 30 CALE        | ENDAR D                  | PAYS (%)                                   | NUMBE                 |      | NDAR DAYS PERCENTAGE |  |
| NOTE: Additional p                               | rovisions and representations   | are                               |                                     | are not attac   | hed  |  |                |                          |  |                       |      | 1                    |  |
| 13. NAME AND ADDRESS OF QUOTER a. NAME OF QUOTER |   |                                   |                                     |   | 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION  15. DATE OF QUOTATION                          |  |                |                          |  |                       |      |                      |  |
| b. STREET ADDRESS                                |   |                                   |                                     |   | 16. SIGNER   |  |                |                          |  |                       |      |                      |  |
|  |   |                                   |                                     | Ì   | a. NAME (Type or print   | ")                                     |                |                          |  |                       |      | LEPHONE              |  |
| c. COUNTY  |   |                                   |                                     |   |  |  |                |                          |  | AREA C                | CODE |                      |  |
| d. CITY  |   | e. STATE                          | f. ZIP CODE                         |   | c. TITLE (Type or print)   | )                                      |                |                          |  | NUMBE                 | ĒR   |                      |  |

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NAME OF OFFEROR OR CONTRACTOR

| TEM NO. | SUPPLIES/SERVICES                        | QUANTITY |     | UNIT PRICE | AMOUNT |
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